

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DXL	20591	10/2
O.I.P.E. CLASSIFIER	S		11/8
FORMALITY REVIEW	WJM	JCH 920	12-12-00
RESPONSE FORMALITY REVIEW			

10/2  
12/15/00  
  
Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	7/21/02
2	7/21/02
3	V
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	(10) ✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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